

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 89927422

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1										
2											
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43		6									6
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45		6									6
46											
47											
48	1										
49		1									
50											
TOTAL IND.	3				3						
TOTAL DEP.		77				77					
TOTAL CLAIMS	30				30						
51											
52											
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70	1								1		
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96											
97											
98											
99											
100											
TOTAL IND.	4				4				1		
TOTAL DEP.		43				120				43	
TOTAL CLAIMS	44				44				44		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY